

PART B - FEE(S) TRANSMITTAL

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Marilyn B. McKenna

(Depositor's Name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/716,029	11/17/2000	Feng-Jing Chen	6200-0013	7055

TITLE OF INVENTION: PHARMACEUTICAL COMPOSITIONS AND DOSAGE FORMS FOR ADMINISTRATION OF ~~PHENOPHARATE~~

HYDROPHOBIC DRUGS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	11/20/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
KWON, BILIAN YONG S	1614	514-458000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Dianne E. Reed**

2 **REED & ASSOCIATES**

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lipocine Inc

Salt Lake City, Utah

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☐ corporation or other private group entity ☐ government

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(Authorized Signature) *Dianne E. Reed* (Date) 11/20/02
Dianne E. Reed Recv. No. 31-202
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